

FORM 2

PHYSICAL DISABILITY ACCOMMODATION VERIFICATION FORM

NOTICE TO APPLICANT: This form is to be completed by all licensed professionals who have been involved in the diagnosis and/or treatment of your disability or disabilities. Please read and sign the following before submitting to your treating professionals for completion:

I hereby authorize the release of the information requested on this form and authorize the release of any additional information regarding my disability or accommodations previously granted as may be requested by the Arizona Committee on Examinations.

Applicant Signature

Date Signed

Last 4 digits of Social Security Number

Date(s) of Treatment

NOTICE TO TREATING PROFESSIONAL: The following is the Committee's policy for determining whether to grant test accommodations on the Arizona Bar Examination:

In deciding petitions for accommodations by bar applicants, the Committee relies upon the following definition of disability contained in the Americans with Disabilities Act Amendments Act (ADAAA) as interpreted by controlling case law:

A disability is a physical or mental impairment that substantially limits one or more of the major life activities of an individual. A bar applicant will be compared to the average person in the general population in determining whether a disability substantially limits a major life activity.

Thus, merely having an impairment does not make an individual disabled for purposes of the ADAAA and does not automatically qualify a bar applicant for an accommodation. An applicant must also demonstrate that the impairment limits a major life activity. To qualify as being disabled under the ADAAA, an applicant must further show that the limitation on the major life activity is "substantial."

The determination of a disability by the Committee is an individualized inquiry and will be made on a case-by-case basis, per individual and per examination administration.

Legibly print or type your responses to the items below. Return the completed form to the applicant for submission to the Arizona Committee on Examinations for consideration of the applicant's request for test accommodations.

Applicant Name: _____

I. Qualifications of the Examiner/Diagnostician

Name of professional completing this form: _____

Address: _____

Telephone: _____ Fax: _____

Occupation, title, and specialty: _____

Please attach a copy of your curriculum vitae. Please describe your specialized training in the assessment, diagnosis and remediation of physical disabilities with the adult population:

II. Applicant's Disability

1. Briefly describe the applicant's diagnosis: _____

2. The applicant's treatment consisted of (include dates): _____

3. Is this a permanent condition/disability? () Yes () No

If no, when is this condition/disability likely to abate? _____

4. Explain the specific condition or physical problem that requires test accommodations:

5. Briefly describe the nature and severity of the individual's disabilities and how this affects the applicant's ability to take the examination, with a focus on the functional impact or limitation resulting from the specific disability: _____

6. Is the applicant's condition/disability ameliorated by medication or any other corrective measures? () Yes () No

If yes, please describe: _____

III. Accommodations Recommended for the Bar Examination

Based on the applicant's condition or disability and your diagnosis, what test accommodations, if any, would you recommend? (Check all that would apply.)

Alternative Formats

- ☐ Large Print Examination Materials (check one: ☐ 18 pt or ☐ 24 pt)
- ☐ Braille
- ☐ Audio CD
- ☐ Extended Time (complete applicable section)
- ☐ Other please specify: _____

Personal Assistance

- ☐ Dictate to a Digital Recorder
- ☐ Dictate to a Typist/Reporter
- ☐ Reader for MEE/MPT
- ☐ Scribe for MBE
- ☐ Assistance with MBE Scantron sheet
- ☐ Other please specify: _____

Testing Environment

- ☐ Distraction reduced setting
- ☐ Wheelchair accessible
- ☐ Other please specify: _____

Please provide rationale for request(s) indicated above: _____

The bar exam is administered in three-hour sessions from 9:00 a.m. to 12:00 noon and 2:00 p.m. to 5:00 p.m. on Tuesday and Wednesday as scheduled twice each year. If recommending additional time on the examination, please specify and provide rationale.

() Recommend Extra Testing Time - Essay portion: ☐ 10% ☐ 25% ☐ 33% ☐ 50%

() Other (specify): _____

Rationale: _____

() Recommend Extra Testing Time - MBE portion (multiple-choice): ☐ 10% ☐ 25% ☐ 33% ☐ 50%

() Other (specify): _____

Rationale: _____

() **Extra** breaks/Rest periods. How long and how often are rest breaks needed? _____

Please provide your rationale for recommending additional time for rest breaks during the examination. If you are recommending additional time for rest breaks as well as additional time on the essay and/or the multiple-choice portions of the examination, please explain why additional time for rest breaks is also necessary. _____

() Extra testing days. How many **total** days recommended? _____

() Other arrangements recommended (e.g., elevated table, seat near restroom, etc.): _____

Please list your academic and professional credentials allowing you to diagnose this applicant's disability: _____

IV. Examiner's/Diagnostician's Certification

I attach hereto copies of all test results, evaluations, education or psychological reports that I relied upon in making this diagnosis of the applicant's condition/disability (notes and worksheets are not required as part of this submission). **This documentation is required.**

I certify that all the information on this form is true and correct to the best of my knowledge and belief.

Signature of Professional Completing Form

Date Signed

License/Certification Number/State